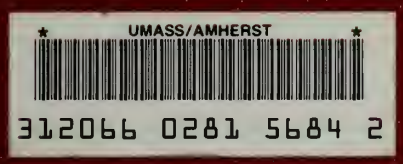


Dept. of Mental Health.

THE BELCHERTOWN STATE SCHOOL

General Information

Mass. V.F. - Mental Health, Dept. of

General Information

The Belchertown State School for the mentally retarded was established by a Legislative Act in 1922. It is situated on a 843 acre reservation in a lovely rural area. Due to its geographical location it is accessible to area medical facilities only via single lane highways, which probably contributes to the reluctance of the consultant medical staff members to visit the facility. In addition, the location certainly complicates the problem of patient transportation to these other facilities and affects provisions for needed services.

There are 16 resident care buildings maintained on the reservation, 13 dormitories and 3 "nursing care" buildings:

(1) Infirmary -	240 beds	(120 on 1st and 2nd floors respectively)
(2) Hospital -	30 beds	(15 on 1st and 2nd floors respectively)
(3) Tadgell Nursery	84 beds	(84 beds - 1st floor)

Two Dorms are being phased out due to obsolesence (A with 77 residents
K with 107 residents)
The profoundly retarded adults are domiciled in these buildings.

The school maintains its own power plant, pumping station and sewage treatment plant, and also processes sewage for the town of Belchertown.

Fire protection is provided by the town of Belchertown Volunteer Fire Department. The signal for all fires including town fires are received at the School switchboard and the operator rings the town alarm. The "switchboard with three or four trunk lines" provided hardly seem adequate for the demands of this institution.

The census on the date of visit was 1160 with an additional 100 residents in family care or foster homes. The goal is to attain the School's normal quota of 990 residents through community placement.

Approximately 400 residents confined to Belchertown are from cities and towns located outside of Region I.

ORGANIZATION

Board of Trustees

The Board consists of seven members who are appointed by the Governor. Meetings are held with the Superintendent once a month and are documented by minutes. However, in the Board minutes, reference is made to "a general discussion was held", without mentioning the specifics of the discussion except for an overview of the operation of the school. The responsibilities of the Board are detailed in the by-laws, a copy of which is attached. (Addendum #1) This copy dated 1967, is the latest copy available, and has not been amended in accordance with the Department of Mental Health laws which have been amended since that date.

Organization (cont'd)

Administration

The Superintendent is administratively responsible for all aspects of the operation of the school in accordance with the General Laws of the Commonwealth. He receives reports from all Department Heads and takes action regarding same when so indicated. The present superintendent is currently on terminal vacation. Dr. Frankel, Assistant Commissioner of Mental Retardation, is the interim superintendent functioning in the role two hours each day. In his absence, Dr. Aran Kasparyan is responsible for the operational activities of the school, in addition to a complexity of additional duties, Medical Director, Supervision of physicians with limited licenses, conducting of staff meetings regarding patient's admissions, quality of care, disposition of residents, etc.

MEDICAL STAFF

While there are by-laws, rules and regulations for the medical and dental staff, they are vague and meaningless (Addendum #2).

There is no staff organization, committees, officers or meetings other than a monthly review of patients in the "Hospital building".

Consultant Staff

There is a designated consultant staff consisting of physicians recognized as specialists in their particular field of medical practice. However, none of these physicians will visit the school. The reason given is that there is neither staff, equipment or facilities to enable them to function. One case in point is the consultant radiologist who no longer will accept the responsibility for reading films taken and developed at Belchertown and sent to his office for viewing because of their poor quality.

In actual practice, when the services of a consultant are indicated, he is contacted by telephone and advises that the patient be transferred to the Emergency Room of a hospital where he, the consultant, is a member of the active staff. He arranges for the admission of the patient. For this reason patients may be hospitalized in any one of several community hospitals, depending on the choice of the consultant physician.

1. Active:

The present staff consists of four physicians in addition to the Medical Director ((Addendum 3). The procedure for staff appointment is hereto attached (Addendum 4). Dr. Kasparyan is fully licensed, as is one other staff member. This latter individual has recently passed the E.C.F.M.G. examination and will be leaving the institution shortly. The remaining physicians are foreign born, foreign educated and because of their failure to pass the E.C.F.M.G., are practicing with limited licenses, which means they may practice only under the supervision of a fully licensed physician, and only at Belchertown State School.

Currently there are five vacancies on the medical staff: 1 senior physician, 2 physicians, 2 psychiatrists. If psychiatrists cannot be recruited, positions may be filled by other physicians i.e. internists.

Area of Responsibility of Physician

The current population of the school is approximately 1160 residents residing in 16 separate buildings. Each physician is responsible for approximately 290 patients, for eight hours a day. From 5 p.m. to 8 a.m. onephysician is responsible for the entire population. On weekends and holidays two physicians are on duty from 8 a.m. to 5 p.m. and one on night call. With a physician patient ratio such as this it is obvious that much of the medical care required at night and on holidays is crisis-oriented.

NURSING SERVICE

Attached is the organizational chart for the Nursing Department with the existing vacancies. There are seven R.N. Charge Supervisors. In addition to surveillance of the Patient Care Buildings (Infirmary, Hospital and Nursery) they are responsible for supervision of all buildings occupied by residents, a total of sixteen.

Two supervisors cover the afternoon shift and two cover the night shift. Each work 40 hours, therefore, four evenings and four nights are covered by one supervisor on 2:45 - 11:15 p.m. and one on 11:15 p.m. - 7 a.m.

There are twenty R.N. Head Nurses assigned to the Patient Care Buildings. In the nursery building the R.N.'s are designated as "Program Nurses", their role is to educate the L.P.N.'s and aides (group mothers) regarding progession of child development and to emphasize the need for emotional maturity in their contact with the child in order that the child may develop to his greatest potential.

There are some school trained licensed practical nurses. However, there is a preponderance of waivered L.P.N.'s.

The following nursing hours (for the week ending June 12, 1971) illustrates that patient care generally is assigned to aides. It is emphasized that nursing service in addition to patient care is responsible for housekeeping, food service (preparation in a.m., serving trays, feeding patients, which is a monumental task, collecting trays, dishwashing) bagging and transporting soiled laundry, sorting and storage of clean linen, another monumental task.

Infirmary I -	Census: 116 residents Capacity: 120 beds	.21 licensed personnel 1.97 unlicensed personnel 2.18 Total
Infirmary II -	Census: 113 residents Capacity: 120 beds	.56 licensed personnel 1.91 unlicensed personnel 2.47 Total
Hospital -	Census: 24 patients Capacity: 30 beds	Total 1.6 licensed personnel
Nursery -	Census: 47 patients Capacity: 58 beds	.86 licensed personnel 1.55 unlicensed personnel 2.41 Total

Although procedure manuals are maintained on each unit (updated 3 years ago), there is little continuity regarding application.

Nursing care plan forms are provided, however, care plans are virtually non-existent.

It is evident from discussing techniques and procedures with nursing personnel, observations made during survey of patient care buildings, and reviews made of medical records that there is a serious lack of qualified supervision and a serious shortage of qualified nursing personnel. There is no question that the basic needs of the patient are met, heroically and devotedly. It would be audacious to criticize the sincerity of purpose involved here, but the nursing service needs to be completely restructured, and then some.

staff meetings

1. Twice weekly there is a staff meeting of all disciplines, medical, nursing, speech and hearing, physical therapy, social workers. (The dietician is not included.) Newly admitted residents are evaluated and a plan for testing and treatment is initiated. In approximately thirty days the resident is again presented, results of tests are available, observations of behavior are reviewed and a plan for care is developed. In addition, a given number of residents who have been institutionalized for a period of time are re-evaluated. Also, discharges and placements are reviewed.

2. Every two months the Medical Staff meets to review exclusively patients in the hospital building and summarize findings.

3. There is a monthly meeting of the Infection Prevention Committee. Activities primarily are focused on rodent and insect control, dishwashing techniques, physical plant deficiencies, i.e. "Medical room too small to do treatments".

4. The pharmacy committee meets every two or three months according to the need for discussion of change in drug list, etc.

ADMISSION POLICIES RECENTLY IMPLEMENTED

Prior to admission, residents are thoroughly screened by personnel at Region I in Springfield where determination is made regarding eligibility for admission. Children under six years of age or Mongoloids are not admitted.

On admission the following routine is accomplished:

- CBC
- Urinalysis
- Chest X-Ray
- Feces - Culture and Parasites
- Dental Examination
- Eye Examination
- Inoculated (if indicated)

1. Previously Mantoux Tests were done on residents up to age 18. The population beyond this age were ignored. Plans are being made to implement a T.B. detection program which will include all residents.

2. A Pap Smear testing program has been in effect in conjunction with Western Massachusetts Hospital. 450 females, age 21 plus have been examined, and this will be repeated semi-annually.

3. Twelve of the most profoundly retarded girls from a building which is being phased out, have been placed in an "Intensive Care" cottage, with a ratio of one attendant to two residents. The purpose of this is to see if these residents can be motivated to at least partially take care of their personal hygiene. At present they require total care. They are incontinent, destructive, must be bathed and fed. A similar program will be started for boys.

Personnel for this unit, range from young ladies in their late teens to middle-aged housewives. All are new employees, and all are given an intensive one week orientation program.

4. In conjunction with the J. P. Kennedy Memorial Hospital, under a grant, 25 boys and 25 girls, have been selected to have a complete dental survey and initiation of treatment as indicated. Residents were selected on the basis that they are considered quite bright and an early discharge can be anticipated. At that time a complete dental history will be given to the individual assuming responsibility for residents, so that the care can be continued in the community.

HOSPITAL BUILDING

Ground Floor

Clinic, morgue, laboratory, pharmacy and radiology. These services are referred to elsewhere in this report.

First and Second Floors - Nursing Units

Quota 29 - Census 24

Physical Plant

Floors have large porch at each end, with fire stairway open directly off same. One such stairway is unprotected except for the usual railing. Linen scattered on floor; storage area for Oxygen tanks (with masks attached), floor polisher, extra beds, old lockers.

In one 4-bed ward, patients, upon awakening, are placed on the porch because of the lack of secure protective screening on the windows and because of lack of adequate nursing supervision.

In a toilet room (either first or second floor) there is a window between this room and the porch. Toilet room has a terrazzo floor (?) and porch is concrete. A male patient was observed climbing in and out said window.

Corridors

Corridor was cluttered with old wooden table and chairs. Patients eat in this area.

Utility Room

- Equipment:
  - Bed pan flush (live steam)
  - Shallow sink
  - Old wooden cabinets and counters.

Elevator

Elevator is used for all purposes, transportation of patients, soiled and clean linen, food, equipment.

Door of elevator which opens onto patient corridor is wooden, similar to plywood. Panels have come out and been replaced. Nails holding same are small. One good whack by a disturbed patient could conceivably land patient on top of elevator one or two floor below.

Medical Preparation Room

Sufficient size
Medi-Prep - no thermometer in refrigerator of same.
"Dressing carriage" with obsolete equipment.
Counter and cabinets.
Tracheal suction, weighing 44lbs on table. No portable cart available to transport it to bedside.
Bath thermometer on wall registered 92°.

Kitchen

Opens directly off corridor. Obsolete equipment.
Toaster makes two slices at once.
Trays, dishes in very poor condition.

Sterilizing and Clean-Up Facilities

There is only one word to describe these facilities: DEPLORABLE. The only steam autoclave in the entire school is located in what previously was identified as the "operating suite". It is an "Aetna Vacuum Pressure" autoclave and has not been working for the past six weeks. There is a small electric autoclave located in a medicine room in this building. It is large enough for only small items. Other electric autoclaves are in the clinic and in the Infirmary and Tadgell Buildings. Except in the clinic, there are no procedures for testing the effectiveness of the autoclaves.

There are no clean-up facilities. Those items which are autoclaved i.e. bulb syringes and catheterization sets are washed and wrapped either in the utility rooms or in the medicine preparation rooms.

Equipment which is wrapped and considered sterile, (even though dated back to 1960) and which could conceivably be needed and used included a Thoracentesis set, a lumbar puncture set, and a tracheotomy set.

Oxygen tents are used. There is no place available to clean same. Surveyor lifted layer of dust from filter.

In the clinic and in the laboratory reusable syringe and needles are used, including those used to draw blood for Hinton's. There is neither space nor equipment available for satisfactory processing of same.

Surgical Service

This service was discontinued a few years ago. The suite has not yet been dismantled. Considered major hazards are the supplies which are wrapped and at one time were considered sterile. These are stored in a closet and available for use.

Patient Equipment

Beds are in good condition, but many were not clean. Linen in same was satisfactory.

Bedpans and basins are not identified for individual patients. There is no attempt to sterilize same.

Nursing Personnel

1. Staffing

7:00 - 3:00 - The entire staff consists of a R.N. Head Nurse and one licensed practical nurse. Each covers one floor. Each works forty hours a week. Therefore, four days a week only one of these two permanently assigned individuals is on duty, with a second person floated in. It is possible that the second person could be a different individual for each of the four days. The same type of relief coverage is provided for vacations and periods of illness.

If the nurse on one floor requires help, the nurse from the other floor must leave her unit and go to assist the other.

3:00 - 11:00 - There is one waivered L.P.N. and one attendant. Each works forty hours, therefore, the relief situation is as for 7 - 3.

11:00 - 7:00 - There are two waivered L.P.N.'s, each working forty hours. Relief provided as for other shifts.

Responsibilies of Nursing Personnel

The nursing staff as described inthe foregoing, is responsible for:

a. All nursing care - i.e.
   - Bathing
   - Medications
   - Treatments
   - Records
   - Clean-up and sterilizing of supplies (???)

b. Linen

Personal clothing, johnnies, towels, etc. are delivered from the laundry to the units in clean laundry bags. There is an abundant supply. Every item must be sorted by nursing personnel, obviously an impossible task. The result is that bags are usually "rummaged through" until the appropriate article is found, the remainder stays where it is until other articles are needed. To compound the problem these clean laundry bags when emptied are supposed to be used for soiled linen. Inasmuch as they are never emptied promptly, there are no bags for soiled linen. Therefore, this linen lands on the floor or sheets are tied onto the laundry hamper.

Dietary Service

Food is transferred by truck from main kitchen. Containers are sent to the floors where it is placed in heated carts. Nurses must serve same, and also must make toast (2 slices at a time) and cook eggs. Also they must carry trays and feed patients if necessary. Bath towels are in the kitchen.

Supervision of Housekeeping Staff

The housekeeping staff consists of a retarded boy and a retarded woman who is lame, period. They are both residents of the school and are assigned for a 40 hour week. They are paid at the rate of $1.00 a day. It was stated that the woman comes to work on her days off, because if she remains in her dormitory, she must work there. The duties of these individuals include:

Making beds
Sweeping and wet-mopping floors
Cleaning toilets and bathrooms
Washing dishes . and cleaning the kitchen.

Housekeeping practices defy description and obviously the nurses do not have sufficient time to attempt to carry out their nursing responsibilities, let alone supervise any housekeepig personnel, particularly those with limited I.Q. Some observations are:

Fecal matter on walls and ceiling. The R. N. stated that she was not about to climb a ladder to wash ceilings and walls. The "female housekeeper" could not do it because she is lame. Therefore, the walls and ceiling were brushed down with a corn broom. It is quite possible that said broom could then be used to sweep the kitchen.

The toilets were filthy and the odor in the bathroom was nauseating to the surveyors.

The kitchen was indescribable. Plastic dishes (bare minimum) were badly stained. Trays cannot be placed in dishwasher. Floor drain is so placed that a puddle gathers around it and just stays there.

Some furniture i.e. beds, bedside stands were not clean.

Torches were dirty and untidy.

Housekeeping in Utility Rooms and Medication Rooms

Housekeeping in these areas is practically non-existent, because the nurses have to do it, and there simply is no time. The result is these areas, along with others are disgraceful.

In addition, the nurses on the 3-11 and 11-7 shifts must cover the clinic between the hours of 5 p.m. - 7 a.m.

Types of Patients (February 1, 1971 - May 31, 1971)

The diagnoses of the patients in the facility as of February 1, 1971 and those admitted from February 1, 1971 - May 31, 1971, include:

Bacillary dysentery - chronic carrier, admitted 7.21.69 from Ward N-2.

Between February 1, 1971 - May 31, 1971 -
Thirteen cases, bacillary dysentery admitted from Ward N-1.
Of these, two were discharged and readmitted with 24 hours.
As of May 31, 1971, there were ten cases in the hospital excluding the carrier.

Of the remaining cases:

1. A sixteen year old girl with a diagnosis of cerebral palsy and mental retardation, who is difficult to control. She has a radio blaring all day and the noise from same is ear shattering. She goes home week-ends.

2. Patient admitted 2.17.71. Diagnosis: Respiratory infection. Discharged 3.1.71. Readmitted same day. Same diagnosis. Apparently discharged date not recorded. Readmitted 4.23.71. Diagnosis: Gastro-enteritis-viral origin. Expired 5.12.71.

3. Patient admitted 5.29.71. Diagnosis: non-functioning left kidney. Cystostomy. Patient still in.

Other cases include:

Fractures - hips, extremities, jaws.
Human bites.
1st and 2nd degree burns.
Respiratory infections
Urinary tract infections
Cardiacs
Fungus infections

"Clinic"

These combined clinic - emergency rooms (2) are located on the ground floor of the Hospital Building" and are the only such "Medical stations" on the reservation. One room is used for physical examinations and application of casts. Suturing of lacerations and other minor emergencies are handled in the other room. The area is staffed by one licensed practical nurse from 8 a.m. - 5 p.m. After 5 p.m. and on weekends and holidays, this service is covered by nursing personnel assigned to the "hospital", located in the same building.

The clean-up and sterilizing facilities are totally inadequate; there is no emergency equipment available, there is no telephone and no emergency call system.

Laboratory Service

The laboratory, located on the ground floor of the "Hospital Building" is staffed by one technician, who receives no supervision, either direct or indirect from either a clinical pathologist or other qualified laboratory director. She works 40 hours a week, and is on call nights and weekends. She is rarely called however, because she would have to be paid time and a half, presumably, administration is very budget conscious.

Laboratory tests done on the premises:

Urinalysis
Total protein
Cholesteral
Urea Nitrogen
Bilirubin
Glucose
CBC

Tests performed at State Diagnostic Laboratory:

Hintons
Bacteriology

Tests performed at Western Massachusetts Hospital:

Papanicolaou Smears
Sputums

No sensitivity tests are done because of inadequate equipment and personnel.

Laboratory Reports

Reports are forwarded to the physician who orders the test. It is then forwarded to the record room.

Electrocardiograms

These are performed by the x-ray technician and read by the physician ordering same. These procedures are done on a bed set up in the laboratory, because of lack of space elsewhere.

Radiology Service

The radiology department is located on the ground floor of the "Hospital Building". Because the only technician was on vacation and the key was not available, the physical facilities were not surveyed. (Copy of recent survey attached done by Radiaition Control)

Extremities and chest films are the only procedures done here.

From Dr. Khanjyan it was learned that the consultant radiologist considers the films taken here to be of such poor quality that he will not read them. This situation is due, at least in part, to the lack of proper training of the technician. In those cases in which it is deemed necessary to have the services of a consultant, the patient must be transferred to the hospital of the consultant's choice, x-rayed and referred for treatment.

Many residents sustain fractures which are x-rayed at the school, fractures are reduced and casts applied by staff physicians. These procedures are carried out despite the opinion of the consultant, as indicated in the foregoing paragraph. Of further concern to the surveyor is the procedure for the care of this latter group of patients when the technician is not available. In these situations, the patient is transferred by ambulance to Monson State School, some 15 miles distant. He is then sent back to Belchertown for whatever treatment is indicated.

Pharmacy

Located on the ground floor of the "Hospital Building", this department is staffed by two registered pharmacists who between them, provide coverage around the clock.

Inventories are maintained as required by both Federal and State laws. The stock is well organized, labeling is satisfactory. A pharmacy-therapeutics committee meets quarterly and minutes of same are maintained. An up to date drug list is maintained.

Pharmacists check medicine cabinets on all units monthly. Narcotic and antibiotics must be ordered daily via prescription. Routine stock drugs are ordered daily.

There are effective policies governing this service.

Morgue located on ground floor of "Hospital Building", this facility is equipped with a standard autopsy table with drains and two refrigerated units. The autopsy rate is approximately 20% and practically all are Medico-legal.

SUMMARY

Of primary concern is the need for quality medical care and supervision and similarly for quality nursing care. This cannot be achieved with the current staffing pattern. Dr. Aran Kasparyan is the one qualified physician on the medical staff. He is a conscientious, honorable person with myraid responsibilities.

In addition, provisions are needed for:

1. Consultant staff whose members visit the facility at regularly scheduled intervals.

2. Arrangements by Belchertown State School with hospitals (excluding Monson State Hospital) for the reception and care of residents on an emergency basis, and for the care of acutely ill residents.

3. Adequate, qualified laboratory and radiology personnel with qualified supervision available on a regular and emergency basis, otherwise, these services should be discontinued.

4. Ensure that personnel responsible for the care and transportation of injured residents are properly knowledgeable regarding this duty.

5. Adopt a policy to ensure that a physician is notified stat. when there is a question of injury to the resident.

Of the three buildings surveyed, the "hospital" building is the one building suitable for a medical care facility, however, it should not have the connotation "hospital". Although some physical plant changes are necessary, these could be accomplished with a minimum expenditure of funds. It is strongly recommended that residents in need of medical and skilled nuring care be domiciled in one area as opposed to the present system of utilizing both the "hospital" and infirmary buildings.

6. Eliminate the extravagance of utilizing registered professional nurses and licensed practical nurses for the performance of housekeeping duties.

In conclusion, as the result of our findings, following the review of the medical staff organization and functions, the nursing service, and the medically related services and facilities of the Belchertown State School, a recommendation for a license as a Hospital in accordance with the Licensure Rules and Regulations for Hospitals in Massachusetts cannot be made.

Eileen G. Farrell
Hospital Nurse Specialist

Doris A. Scanlon
Hospital Nurse Specialist

BELCHERTOWN STATE SCHOOL

BOARD OF TRUSTEES

BY-LAWS

SECTION 1. The Board of Trustees of the Belchertown State School shall consist of seven members, in accordance with the Statutes.

SECTION 2. One member of the Board shall act as Chairman, and shall preside at all meetings.

SECTION 3. One member of the Board shall act as Secretary, and shall keep records of the proceedings of the Board.

SECTION 4. In the event of absence of the Chairman, a Chairman pro tem shall be elected; in the event of absence of the Secretary, a Secretary pro tem shall be elected.

SECTION 5. In the event of death or resignation of the Chairman, the Secretary shall call a meeting of the Board, at which time a new Chairman shall be elected.

SECTION 6. The Chairman and the Secretary shall be elected annually by the Board at its Annual Meeting in June.

SECTION 7. The regular meetings of the Board shall be held on the second Wednesday in the months of October, December, February, and April, unless otherwise voted.

SECTION 8. The Annual Meeting of the Board shall be held on the last Wednesday in June, in order to elect the Chairman and the Secretary for the ensuing fiscal year, and to consider the annual report of the Board, as prepared by the Secretary. (Chapter 638, Acts of 1945)

SECTION 9. Special Meetings of the Board may be called by the Chairman as often as he may deem the same to be expedient.

SECTION 10. Three members of the Board shall constitute a quorum at its meetings for the transaction of business.

SECTION 11. The order of business at each regular meeting of the Board shall be:

Call to order by the Chairman
Reading of the minutes of the last meeting by the Secretary
Reading of the Superintendent's report for the preceding month
Reading of Committee reports
Old Business
New Business
Adjournment

Exhibit I

SECTION 12. The Secretary of the Board shall promptly transmit a copy of the proceedings of each meeting of the Board to the Department of Mental Health, as required by the Statutes.

SECTION 13. The Board, in accordance with the Statutes, shall serve in the Department of Mental Health.

SECTION 14. The Trustees shall be a corporation, as indicated in the Statutes, for the purpose of taking and holding, by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the School, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. The Trustees may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the School, subject to the approval of the Department of Mental Health, but all such buildings shall belong to the School, and be managed as a part thereof.

SECTION 15. The Board shall visit and familiarize itself with the various activities of the School, and may, from time to time, make suggestions as to improvements therein, especially such as will make the administration thereof more effective, economical and humane.

SECTION 16. The Trustees shall record their visits to the School in a book kept there for that purpose.

SECTION 17. The Board may personally hear and investigate the complaints and requests of any inmate of the School, his attorney, guardian, conservator or next friend, or any officer or employee of the School.

SECTION 18. The Chairman of the Board may appoint committees to be composed of one or more members of the Board for the purpose of making inspections of the School, or for the purpose of making special studies of any problem coming to the attention of the Board.

SECTION 19. The Board, with the approval of the Department of Mental Health, shall appoint and may remove the Superintendent of the School, in accordance with the Statutes.

SECTION 20. The Trustees, with the approval of the Department, shall appoint and may remove a Treasurer and Assistant Treasurer, each of whom shall give bond for the faithful performance of his duties. Such appointments must also be approved by the Department of Mental Health and the Director of Civil Service. (Chapter 142, Acts of 1952)

SECTION 21. The Superintendent of the School, with the approval of the Board, shall appoint and may remove Assistant Physicians and necessary subordinate officers and other persons, in accordance with the Statutes.

SECTION 22. The Board of Trustees or Superintendent of the School shall furnish all the information required by the Department of Mental Health, and shall immediately notify the said Department if there is any question as to the propriety of the commitment of any person received therein.

SECTION 23. Any trustee of a State institution who is appointed to such office by the Governor, with the advice and consent of the Council, shall, during the term for which he was appointed, be ineligible to hold any other office or position in said institution.

SECTION 24. An Act Relating to Care and Treatment of the Aging and Mentally Ill. ------ Section 28.

When a vacancy in the position of Superintendent of a State Hospital occurs, the Trustees shall appoint to such vacancy from a panel of not less than three names submitted by the Commissioner, a physician who is a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Incorporated, who shall have had at least four years' administrative experience in a State or Federal hospital for mental diseases or in any equivalent psychiatric organization, or at least three years' experience as aforesaid, and at least one year's experience in the department controlling such hospital. If the Trustees fail to make an appointment from the above-mentioned panel within a period of sixty days from the submission to them of such panel, the Commissioner shall appoint a Superintendent qualified as provided above. The Superintendent shall appoint and may remove a Treasurer and Assistant Treasurer in each State hospital, each of whom shall give bond for the faithful performance of his duties. The provisions of Section forty-two of Chapter thirty-one shall apply to the appointment of such Treasurers and Assistant Treasurers. The Superintendent shall appoint and may remove assistant physicians and necessary subordinate officers and other persons. A Superintendent of a State hospital may be removed by the Trustees thereof with the approval of the department, for inefficiency, failure to perform duties properly or other good cause. A Superintendent sought to be so removed shall be notified of the proposed action, shall be furnished with a copy of the reasons therefor and shall be given a hearing before the Trustees and be allowed to answer the charges preferred against him, either personally or by counsel. Within twenty days after the removal hereinbefore provided for, said Superintendent may bring a petition in the Superior Court within and for the County wherein he resides, praying that the action of said Trustees may be reviewed by the Court, and, after such notice to the Trustees as the Court deems necessary, it shall review such action, hear the witnesses, and shall affirm the decision of the Trustees unless it shall appear that such decision was made without proper cause or in bad faith, in which case said decision shall be reversed and the petitioner be reinstated in his office without loss of compensation. The decision of the Court shall be final and conclusive upon the parties. (Chapter 598, Acts of 1954)

Attachment I

SECTION 25. Provided that there be no conflict with the General Laws of the Commonwealth of Massachusetts, these BY-LAWS may be altered or amended by the unanimous vote of all members of the Board, due notice having been previsouly given to each member relative to the proposed alteration or amendment.

The Medical & Dental Staff Bylaws of the Belchertown State School

Article 1. Name

The name of the organization shall be: The Medical and Dental Staff of the Belchertown State School.

Article 2. Organization of the Medical and Dental Staff

Section I. The Medical and Dental Staff shall consist of the Honorary, Active and Consulting Staffs. The Active Staff shall be the full time, regularly employed members of the Medical and Dental Staff. The Consultant Staff shall be those physicians and dentists who are called in consultation when their services are needed and shall consist of a Senior and such additional qualified physicians and dentists as are required in each specialty.

Section II. The Board of Trustees shall appoint, in conformity to the laws of the Commonwealth and the rules of the Department of Mental Health, of its own motion or at the suggestion of the Superintendent or of the Medical Executive Committee, members of the Honorary, Active, and Consultant Staffs who meet the qualifications set forth in Section I of Article 3 of these bylaws, and shall designate the Senior member of each Staff and of each department of each Staff.

Section III - Meetings Active Staff Meetings shall be held at least once a week for presentation of cases, rounds, and discussion of mortality. Each active Staff member will be required to attend a minimum of 75% of the Staff Meetings.

Section IV - Committees

1. The Medical Executive Committee of the Belchertown State School shall consist of seven members, two chosen from the Active Staff, and two from the Consultant Staff, and three, the Superintendent, the Assistant Superintendent, and Director of Psychiatry ex officio.

At the organization meeting two members from the Active Staff shall be elected; one to serve for one year, one to serve for two years. In addition, two members from the Consultant Staff shall be elected; one to serve for one year, and one to serve for two years. Thereafter at the annual medical staff meeting one member from the Active Staff and one member from the Consulting Staff shall be elected to serve for one year.

2. The Medical Executive Committee shall annually at its January meeting elect from its members a chairman, vice-chairman and secretary, each to hold office for one year and until the election and qualification of his successor.

3. The Chairman of the Medical Executive Committee shall serve not more than two successive years and shall not be eligible for re-election for another two years.

4. The Secretary of the Medical Executive Committee shall keep detailed minutes of all the meetings and shall prepare an agenda for each meeting held. The minutes shall be kept in the custody of the Superintendent.

Adopted 11

5. The meetings of the Medical Executive Committee shall be held at the call of the Chairman of the Medical Executive Committee after consultation with the Superintendent of the School. The Chairman shall have the right to call as many special meetings as necessary.

6. Three members of the Medical Executive Committee may request the Chairman of the Medical Executive Committee to call a special meeting.

7. It shall be the duty of the Medical Executive Committee to consider all matters presented to it by the Superintendent, or in his absence by the Assistant Superintendent, and to submit to the Board of Trustees through the Superintendent or the Assistant Superintendent its recommendations on all such matters, and on its proposals for appointments, promotions, or privileges.

8. At each annual meeting of the Staff, the Chairman of the Medical Executive Committee shall prepare a report summarizing the activities of the past year.

9. It shall be the duty of the Medical Executive Committee to call the attention of the Superintendent to all of the medical needs of the Institution which will insure better treatment of the patients and advance the standing of the Institution.

10. It shall be the duty of the Medical Executive Committee to advance the standing of the Institution medically and surgically, so that it is recognized by the Joint Commission on Accreditation of Hospitals.

11. The Medical Executive Committee shall appoint Pharmacy and Medical Records Committees, and such other committees as may be necessary from time to time. Members of the Active and Consulting Staffs shall be eligible for appointment to these committees.

12. There shall be a Nominating Committee composed of two members. Its function shall be to present a slate of two names at the annual meeting to replace the retiring members of the Executive Committee of the Medical and Dental Staff. It shall be the duty of the Chairman of the Executive Committee of the Medical and Dental Staff to appoint the new junior member of the nominating committee to serve for two years. The senior member of the nominating committee shall serve as the Chairman of said nominating committee.

13. The Medical Records Committee shall meet three times yearly. It shall file a written report on the condition and the completeness of the records at the next Medical Executive Committee meeting. All records must be completed within fifteen days after discharge from the Hospital Unit or the School.

14. The Pharmacy Committee shall meet at least twice a year. A written report of the meetings shall be submitted at the next Medical Executive Committee meeting.

Article 3. Membership

Section I. Qualifications

Physicians and Dentists appointed to the Active Staff shall meet the qualifications as listed by the State Division of Personnel and Standardization for the position to which they are appointed.

Attachment II

All Physicians and Dentists appointed to the Active or Consultant Staff must have a license to practice medicine or dentistry in the Commonwealth of Massachusetts.

Physicians appointed as Consultants must show evidence of certification by or eligibility for their respective American Boards. This will apply to all Departments: surgery, neurosurgery, orthopedic surgery, G. U. surgery, thoracic surgery, internal medicine, pediatrics, nose and throat, physical medicine, anesthesia, x-ray, dermatology, ophthalmology, etc.

Section III. Application for Membership

Application for membership to the Consulting Staff shall be presented in writing stating the qualifications and references of the applicant and signifying an agreement to abide by the bylaws, rules and regulations of the Medical and Dental Staff.

Article 4. Rules and Regulations

The Medical and Dental Staff shall, subject to the approval of the Board of Trustees, adopt such Rules and Regulations as it determines to be proper. Such Rules and Regulations may be amended from time to time by the vote of the Medical Executive Committee to become effective when approved by the Board of Trustees.

Article 5. Amendments

These Bylaws may be amended from time to time by the Board of Trustees by its own motion or upon recommendation of the Medical Executive Committee transmitted through the Superintendent or in his absence through the Assistant Superintendent.

Article 6. These Bylaws, together with the appended Rules and Regulations, shall become effective when approved by the Board of Trustees.

MEDICAL AND DENTAL [illegible]

1. All patients scheduled for Surgery, including Dental, shall have a heart and lung investigation by a staff physician, as well as a hemoglobin determination and a urine examination within 48 hours before the operation.

2. All seriously ill or poor risks shall have a Consultation before surgery.

3. In case that it is impossible to get in touch with the Consulting physician of any case, the Superintendent of the Institution shall have the authority to call any member of the Staff should he consider it necessary to insure proper care of the patient.

4. The medical and surgical records should be designed to conform to the standards set by the American College of Surgeons. Progress notes shall be written at least daily on each postoperative case and acute medical condition during the acute phase, and every three days thereafter until it becomes a chronic case. Thereafter, notes shall be made as indicated, but at least once a month. There should be enough detail so that another physician could assume care of the patient at any time.

5. Surgeons must complete the operative record in the Hospital building within twenty four hours after an operation or surgical procedure.

6. Transfers of patients from one building to another building shall be made only after a consultation with the physician who is to receive the patient, and after permission for this transfer has been secured from the physician in charge of the other building.

7. In case of emergency, all rules and regulations shall be suspended and the physician attending the patient shall be expected to do all in his power to save the life of the patient including the calling of such staff members or consultants as may be quickly available. For the purpose of this section, an emergency is defined as a condition in which the life of the patient is in immediate danger, and in which any delay in administering treatment would add to the danger. The attending physician is expected to report to the Superintendent's office any such action as soon as the emergency has been met.

Tachment II

MEDICAL STAFF

1. Arau Kasparyan, M.D. - licensed to practice in the Commonwealth since March 13, 1967

   Neil Cola, D.D.S. - licensed to practice in the Commonwealth since 1941

2. Antonia Maningas, M.D. - E.C.F.M.G. Certificate September 1970

3. Virgin Kasparyan, M.D.
   Magdalena Torres-Johnson, M.D.
   Zenaida Wisniewski, M.D.
) All limited licenses extended indefinitely at the discretion of Commissioner

Vacancies - 5

1 Chief Psychiatrist
1 Asst. Psychiatrist
1 Senior Physician
2 Asst. Physicians

Attachment III

WRITTEN PROCEDURES RELATIVE TO
APPOINTMENT TO MEDICAL STAFF

1. Interview with the applicant
2. Gross evaluation of documents and credential at this school
3. Application for employment (to be completed)
4. Background information form (to be completed)
5. Two reference addresses
6. Evaluation of Medical Diploma and other certificates at Board of Registration in Medicine
7. Issuance of limited license (temporary license) by the Board of Registration in Medicine
8. Appointment to a staff physician position (assistant or senior) by the Department of Mental Health.

Teaching Unit IV

Consulting Staff

nesthesiology

Gerald F. Hogan, M.D., F.C.C.P. — 71 No. Pleasant St., Amherst, Mass. 01002
ifts University Medical School - 1941 — Tel. Amherst 253-2303

George L. Ross, M.D. — 131 Chestnut St., Holyoke, Mass. 01040
Georgetown University Medical School-1930 — Tel. Holyoke 538-8751

hiropody

Maurice R. LePage, D.S.C. — 16 Holbrook St., Palmer, Mass. 01069
Beacon Institute of Podiatry - 1950 — Tel. Palmer 283-7189

nternal Medicine

Hugh Tatlock, M.D., F.A.C.P. — 264 Elm St., Northampton, Mass. 01060
Harvard University Medical School - 1938 — Tel. Northampton 584-9383

phthalmology

William C. Cooley, M.D. — 16 Center St., Northampton, Mass. 01060
Tufts University Medical School - 1954 — Tel. Northampton 584-6422

Richey L. Waugh, Jr., M.D. — 33 Mulberry St., Springfield, Mass. 01105
John Hopkins Medical School - 1946 — Tel. Springfield 736-1962

rthopedic Surgery

David Goldberg, M.D., F.I.C.S. — 84 Maple St., Springfield, Mass. 01105
Tufts University Medical School - 1933 — Tel. Springfield 732-2670

Cyril E. Shea, Jr., M.D. — 20 Maple St., Springfield, Mass. 01103
Harvard University Medical School - 1950 — Tel. Springfield 739-3151

Victor Panitch, M.D. — 1971 Northampton St., Holyoke, Mass. 01041
Jefferson College Medical School - 1950 — Tel. Holyoke 536-[illegible]

olaryngology

Russell F. Gervais, M. D. — 51 Locust St., Northampton, Mass. 01060
University of Vermont Medical School-1946 — Tel. Northampton 584-2733

diatrics

Henry Burkhardt, M.D., F.A.A.P. — 211 Walnut St., Holyoke, Mass. 01041
Wayne(Detroit) University Med. School-1943 — Tel. Holyoke 533-3140

Ralph H. Levin-Epstein, M.D., F.A.A.P. — 1767 Northampton St., Holyoke, Mass. 01041
Albany University Medical School - 1951 — Tel. Holyoke 533-5369

diology

Bruce B. Stoler, M.D. — 75 Van Deene Ave., West Springfield, Mass. 01089
Harvard University Medical School - 1954 — Tel. Springfield 733-2291

gery

Adolph Franz, Jr., M.D., F.A.C.S. — 190 Chestnut St., Holyoke, Mass. 01040
Columbia University Medical School - 1928 — Tel. Holyoke 536-6890

Francis A. L'Esperance, M.D. — 59 Bridge St., So. Hadley Falls, Mass. 01043
Tufts University Medical School - 1930 — Tel. Holyoke 533-1851

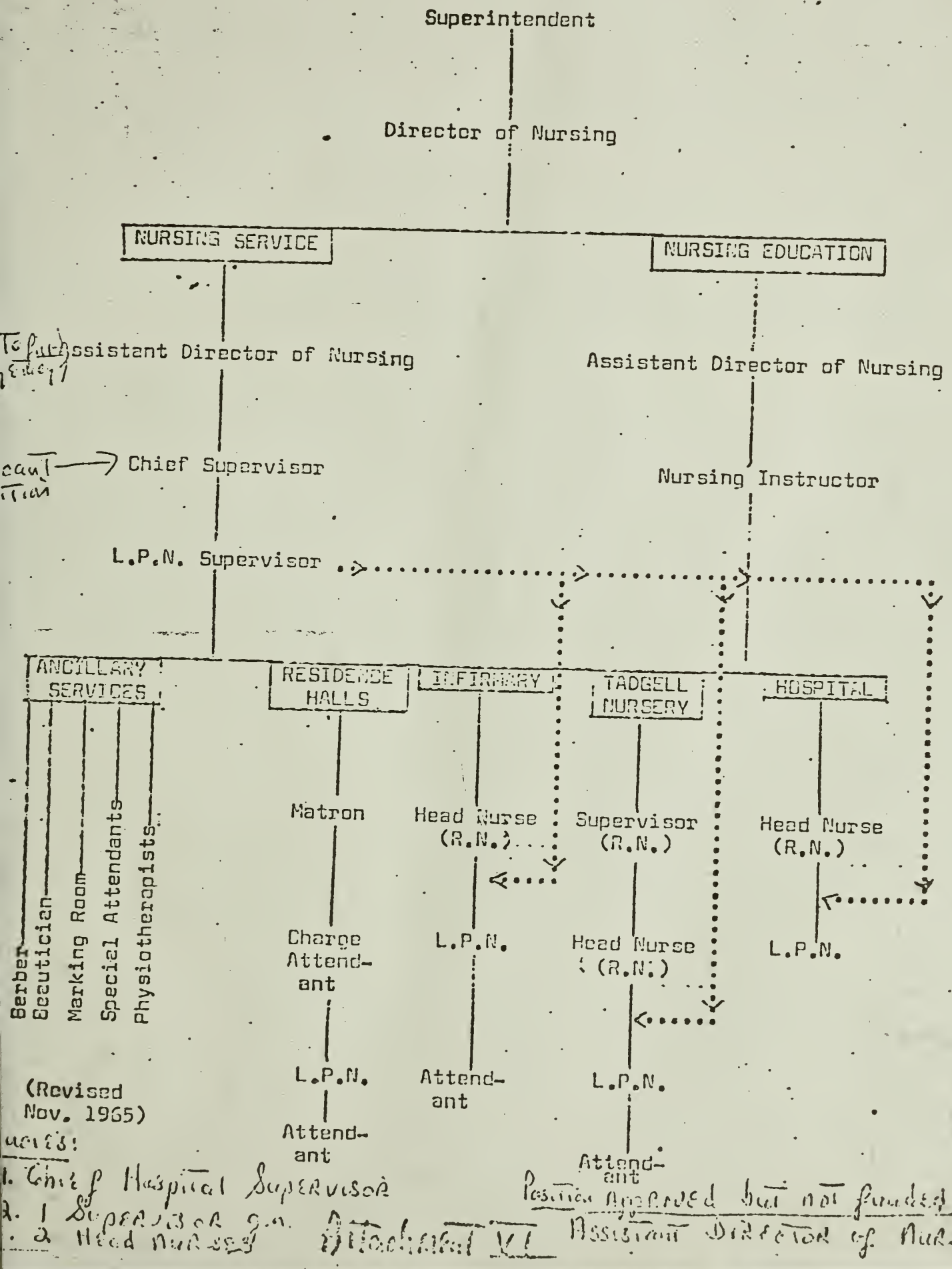
logy

George R. Sumner, M.D. — 120 Maple St., Springfield, Mass. 01103
University of Penn. Medical School - 1945 — Tel. Springfield 734-5125

[not available, or on vacation, call alternate doctor.

Tachment V

ORGANIZATIONAL CHART - NURSING DEPARTMENT



(Revised Nov. 1965)

1. Chief Hospital Supervisor
2. 1 Supervisor [illegible] Attendant VI
3. 2 Head Nurses

Position Approved but not funded
Assistant Director of Nursing

Director of Nurses, Herbert I. Burridge, Jr., R.N.B.S., Mass. Reg. No. 57923
Graduate - McLean Hospital School of Nursing, February 1952
Boston College School of Nursing, January 1954
Thirty Graduate Credits - Western New England College
1952 - September 1952 - Active Science Instructor - McLean Hospital
September 1952 - June 1953 - Night Supervisor, Nursing Instructor - Medfield State Hospital
June 1953 - August 1958 - Assistant Director of Nurses, Northampton State Hospital
August 1958 to present - Director of Nurses - Belchertown State School
September 1957 to present - 1st Lt. to Major (NC) M.A.N.C. (U.S.A.F.R.)-

Assistant Director of Nursing Service, Mrs. Claire Lemoine, R.N.B.S., Mass. Reg. No. 45953.
Graduate - St. Mary's Hospital School of Nursing, Montreal, Canada 1937.
Teachers College, Columbia University, N.Y., 1949.
November 1968 - April 1970 - Head Nurse - B.S.S.
April 1970 - July 1970 - Supervisor - B.S.S.
July 1970 - present - Assistant Director of Nurses - B.S.S.

Hospital R.N.	L.P.N.'s
Mrs. Ida Vanderprel - Holyoke Hospital	Mrs. H. Chevalier
Mr. V. Gaudette - Greenfield Community	Mrs. B. Holms - graduate Westfield
	Mrs. B. Herrick - graduate Pioneer Valley
	Mrs. M. Cathro
	Mrs. L. Peterson
As of 6/13 - Mrs. M. T. Kay -Pioneer Valley	Mrs. H. Parda
Mrs. M. Kelly-Pioneer Val.	Mrs. I. Borat
	Mrs. F. Hurlburt

Infirmary R.N.'s	
Mrs. V. Orson - Cooley Dickinson	Miss M. Clark
Mrs. L. Lemay - Henry W. Bishop III	Miss P. Swain
Miss M. Brenahan-Providence Hospital	Mrs. L. Madden - Holyoke Trade
Mrs. M. Burridge-Lawrence Gen. Hospital	Mrs. M. Dupuis - Pioneer Valley
Mr. R. Allen - McLean Hospital	Mrs. M. Paine
Mrs. R. Farr - Springfield Hospital	Mrs. J. Coto - Pioneer Valley
	Mrs. P. Davis
As of 6/6	Mrs. H. DeSantis
Mrs. C. Ryan Greenfield Community	Miss P. Greenind - Pioneer Valley
	Mrs. J. Merrian - Pioneer Valley
	Mrs. M. Romanik - Pioneer Valley
	Mrs. V. Kusek
	Mrs. M. Woods - Pioneer Valley
	Mrs. J. Grandmaison - Pioneer Valley
	Mrs. G. Steward - Smith School
	As of 6/13
	Mrs. S. Dupre - Pioneer Valley
Where a school is not listed-are waivered.	Mrs. P. LeBarde - Pioneer Valley

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Number of hours for R.N., L.P.N., Aides in Hospital each Tour

Hospital		6:45-3:15	2:45-11:15	11:00-7:00
	R.N.	8	0	8
	L.P.N.	16	16	8
	Aides	0	8	0
Infirmary				
	R.N.	16	8	8
	L.P.N.	40(51)	16	16
	Aides	200(25)	164	64

Attachment - [illegible]

Room 560
Tel. No. 727-6243

June 7, 1971

William Fraenkel, Ph.D.
Administrator
Belchertown State School
Box 486
Belchertown, Massachusetts

Re: RaH: Diagnostic and Dental X-Ray Survey

Dear Dr. Fraenkel:

On May 26, 1971, a radiation protection survey was made of your diagnostic and dental x-ray equipment. The person interviewed on this date was Mr. Frank J. Kohanski, Technician. I wish to express my appreciation for your participation in this survey.

The survey was made to determine compliance with the Department's radiation control rules and regulations, adopted under authority of Section 5R of Chapter 111 of the General Laws, as amended. The intent and purpose of these regulations is to minimize the subjection of individuals to ionizing radiation and, where controllable, to maintain absorbed doses of ionizing radiation received by individuals as far below the doses specified by the Radiation Protection Guides (RPG) of these regulations as is reasonable and practicable.

Your attention is drawn to Section E (Registration). subsection E.4 of the regulations relative to notification of the Department at such time(s) as a change is made which may increase the potential of your installation as a source of ionizing radiation.

The survey indicates that your installation was not in compliance with the rules and regulations of this Department on the date the survey was made because of the following items:

Dental Clinic

Monitoring: The Department's regulations require that the user (person having administrative and/or responsible control) shall provide personnel monitoring of occupationally exposed individuals. However, the regulations do not require personnel monitoring, provided it can be demonstrated

Attachment VIII

that the individual (adult) received less than 25% of the radiation protection guide. Refer to Table 2, page 15 of the Department's rules and regulations.

Comment While it may be demonstrated, based upon workload and under conditions of proper use of available protective devices (i.e., operator's station, lead aprons, etc.), that the individual(s) occupationally exposed may not exceed the 25% value stated above, the Department strongly recommends film badge(s) be provided for each occupationally exposed individual.

Beam Alignment "The exposure of the patient should be kept to the minimum, consistent with clinical requirements.

(1) The radiographic field should not be larger than is clinically necessary. The radiologist should enforce proper collimation, providing either an adequate or adjustable collimator with beam defining light."

Comment The cone used should be repaired or replaced.

X-Ray Department - G.E. Portable Unit

Beam Size "The exposure of the patient should be kept to the minimum, consistent with clinical requirements.

(1) The radiographic field should not be larger than is clinically necessary. The radiologist should enforce proper collimation, providing either an adequate assortment of cones or an adjustable collimator with beam-defining light.

Comment No cone(s) or adjustable collimator were provided.

Westinghouse Portable Unit

Although the radiographic unit is not, and is not anticipated to be used, the following recommendation is made in the event you may use it at some future date:

Collimator

Comment No cone(s) or adjustable collimator were provided.

Attachment VIII

The Department urges that you take necessary action relative to the above named items within 30 days and requests that it be advised in writing of what steps you have taken. Should you have any questions, please feel free to write us.

Very truly yours,

GERALD S. PARKER, Director
Bureau of Radiation Control

GSP:sjs

cc: Aran Kasparyan, M.D.
Clinical Director

Alfred L. Frechette, M.D.
Commissioner
Department of Public Health

Milton Greenblatt, M.D.
Commissioner
Department of Mental Health

Mrs. Irene McManus - MPH
Department of Public Health

Attachment VIII

M E M O R A N D U M

SUBJECT: Survey Reports
Belchertown State School

TO: Mrs. McManus

FROM: D. Scanlon

DATE: June 21, 1971

Attached are the reports in reference to the above named facility for your review:

1. Dietary Service - Submitted by Theresa DePippo
2. Physical Plant - Submitted by John Saccone
3. Restorative Nursing and Restorative Services -- Submitted by Margaret Sandi
4. Social Work Department - Submitted by Jane Ellis

In additon, included is the report submitted by Mr. Armstrong which you have reviewed previously.

mmc

MEMORANDUM

Subject: Belchertown State School
Belchertown
Massachusetts

To: Dr. Pettigrew
Mrs. McManus JMM-OK

From: Mr. Armstrong

Date: June 14, 1971

On June 7, 1971, a visit was made to Belchertown State School for the purpose of ascertaining whether or not the physical plant structures of the following areas would comply with the Department's requirements for licensure as a Long-Term Care Facility or a hospital.

1. McPherson Memorial Infirmary Building
2. Tagdell Building (Nursery)
3. Hospital Building (D.P.S. issued 3.10.70; expires 3.10.72: quota - 1st: 15; 2nd: 12)

The McPherson Memorial Infirmary and the Tagdell Building contain large dormitory-style wards, bathing and toilet facilities; and they would be unable to come anywhere near meeting the physical plant standards for long-term care facilities without extensive and very costly renovations.

The Hospital Building is a three-story building which has fourteen beds set up on the first floor and fifteen beds on the second floor for a total of twenty-nine beds.

The first floor has six single-bed rooms, two four-bed rooms, a nurses station, utility room, janitor's closet, linen storage, clothing storage room, serving kitchen, dining room, medication room, and three full bathrooms and two enclosed sunporches that are used as sitting rooms. The beds in the four-bed rooms are back to back in the center of the room; however, they are separated by a partition which has metal on the bottom and wire glass on the top. There is no call system in the patient rooms. There are inside fire escapes on each end of the building with real old metal stairs.

The second floor of the hospital building contains seven single-bed rooms and two four-bed rooms, a nurses desk located in the corridor, medicine room, utility room, janitor's closet, serving kitchen and a full bath, tub room, and another toilet area containing two toilets and one lavatory. Also located on this floor is an area at one end of the building which contains an Operating Room Suite which is not used. This area contains one operating room, a work room containing a large sterilizer which is not in working order and a doctor's scrub room.

Ample sitting area is provided in the sun porch.

The ground floor of the hospital building contains the following areas:

1. Pharmacy occupying two rooms.
2. Dental Office with chair and portable x-ray unit.
3. X-ray room with a G. E. Unit.
4. Nurses sitting area.
5. Two storage rooms.
6. Supply closet.
7. Morgue room with a table and sink - two-compartment refrigerated area.
8. Men's toilet and lavatory.
9. Janitor's closet.
10. Girls' toilet and lavatory.
11. Laboratory (new portable x-ray unit stored here).
12. Clinic area containing two rooms which is used for patients and personnel.

There is an elevator located in the center of the hospital building which has been without an inspection certificate since 1968 according to John C. Carr who is the Institution's Chief Engineer.

Mr. Carr also states that the hospital building does not have an emergency generator.

In my opinion, this building could be utilized as an infirmary building to care for patients during a period of temporary illness without too many drastic physical plant changes, and also I believe that this would be an ideal place to set up a closed circuit T.V. system so that patients in all areas could be observed by nursing personnel.

If the Department intends to pursue this matter further, I would recommend that a set of plans of the existing building be forwarded to the Bureau of Planning and Construction for review and recommendations with reference to changes necessary in the physical plant to meet the Department's requirements.

sm

Belchertown State School For the Retarded

Dietary Survey Report

June 7, 1971

The dietary department of the Belchertown State School for the Retarded lacks good organization and management control. The "dietitian", Mrs. Dorothy Toulson, is not a qualified person. Her educational background consists of a course in domestic science at the Boston YWCA and a six (6) months' course in dietetics at the Memorial Hospital, Pawtucket, Rhode Island in 1932.

It was difficult to determine what her duties were. Questions regarding her duties, whether they were obliquely phrased or direct, received the same vague, ambiguous answers. As a result of persistent prodding, I learned that she writes menus based on guidelines from the Boston office and that she interviews prospective employees. Once a month she types out her visual observations of the various areas of the Service building and submits them to the Superintendent. These observations display no insight nor perspicacity, but are bland and innocuous.

Mrs. Toulson has passed a civil service examination for dietitian at a Grade 13. (I am a Grade 15) Parenthetically these examinations require minimal educational background and practical experience. Anyone with a simple basic knowledge of nutrition can pass this examination.

Mrs. Toulson merely holds the title of "dietitian". She lacks control over the dietary employees and food service. Her immediate supervisor is Francis Longtine, the steward, and she is not considered a department head.

The chef gives the orders in the kitchen, that is, when he is there. In the period of July 1, 1970 to May 30, 1971, Mrs. Toulson said he had worked sixty-one (61) "part-days" meaning only four (4) hours a day on those days. He has been receiving his full salary, and he has been paid for nine (9) sick days during this period. Interestingly enough, this is the man who does the time sheets for the department. Mrs. Toulson has not been able to do anything about the situation.

Out of all the buildings forming the complex, the food service in only three (3) buildings is officially under the supervision of the dietary department. These buildings are the G. Building, Tadgell Nursery and the Service Building. The other buildings simply receive food from the dietary department. Even those buildings supposedly receiving supervision from the dietary department appear to function automatically. There are no training programs, no staff conferences. Each area goes its own way.

The steward is titular head of the dietary department, but he also has other duties. He buys food, supplies and equipment, develops budgets, hires and fires employees. Stewards in any of our state institutions are not hired because of their experience and knowledge of food service. It is well known that their appointments are usually due to considerations of a political nature.

The job descriptions for the dietary employees are drawn from Civil Service specifications written years ago and which have not been reviewed nor revised since. The duties of the Institution Domestic Worker, a common dietary employee classification, includes among other things: cleaning toilets and lavatories; collecting soiled linen and articles requiring laundering and preparing and cooking simple breakfast dishes.

Each day about 1100 residents and from 73 to 163 employees are fed by the dietary department. The employee quota as determined by the Great [illegible] and General Court is forty-three (43). There are thirty-nine (39) persons currently employed. One week end there were twenty-one persons absent, four (4) were on vacation leaving eighteen (18) persons to feed this large number of residents and employees. How the Legislature determined the employee quota was not made clear.

The food is transported from the main kitchen in large milk cans to the various buildings. These cans are left at each building and eventually someone puts the food in the steam table to keep it warm. Patients help in transporting the food.

At L Building, the food cans were left on the floor of the kitchen shortly after 11:00 AM. I was told that the residents were to be fed at noon. There was no one around who appeared to be in charge. At one point, one of the residents lifted the cover on the can to see what was in it. He left it partially opened and walked away.

I left my thermometer for a few minutes in the empty inserts and flat pans in the steam table and I noted that the temperature reached only 100°F. Hot food should be maintained at 140°F.

At G Building I found that the steam table in the cafeteria was not being operated. Pans of American Chop Suey were being kept on the top of the griddle to keep the food warm. The woman in charge of the cafeteria told me that the steam table had poor drainage and, when in use, water accummulates inside the table and it is difficult to remove. Because the inserts are not the proper size, steam seaps out through the side and the cafeteria workers run the risk of getting scalded by steam.

The floor of the dining room was not clean. The cafeteria manager told me of the difficulty she has in keeping the floor clean because of the type of patient who is fed there. I also learned that she washes the floor. This lady holds the Civil Service title of Assistant Dietitian!!

After each meal the milk cans in which the food is transported are returned to the kitchen to be washed and sterilized. Special equipment is available for this purpose. It consists of a fountain-like structure over which the cans are placed. Hot water is flushed into the can. I placed my thermometer in the hot water and noted that the temperature reached 120°F which is insufficient for sterilization.

The walk-in refrigerators in the kitchen needed defrosting. In one of the refrigerators there was a chunk of ice about the size of a football on the floor creating a safety hazard.

The Tadgell Nursery has a walk-in refrigerator for garbage storage. Because the small food refrigerator, (reach-in type) did not accommodate all the food they needed, the milk was kept in the garbage refrigerator along with the garbage. The attendant said that the garbage was picked up three times daily, as if that made it alright.

Employees are given annual chest x-rays. They receive a physical examination when they enter the service. According to Mrs. Toulson this is a superficial type of examination and it includes taking blood pressures and checking on body weights.

Food, with the exception of fresh fruits and vegetables, is bought from officially approved vendors. The food is kept in a large warehouse from which daily issues are made to the main kitchen. Meats are butchered in a butcher shop that is housed within the storehouse. The butcher had a cigar in his mouth as he worked. He got rid of it at my suggestion. There were several pans of beef cubes for a stew, and I noticed that a considerable amount of fat was left on the meat.

Food is ordered every three months and a month's supply is kept on hand at all times.

The menus are written by Mrs. Toulson. They are minimally adequate from a nutritional standpoint. (however, the chef makes changes as he sees fit. On the day of my visit, the menu call for soup, American Chop Suey, salad and cake; but only American Chip Suey and cake were served to the patients.) Mrs. Toulson has no say as to what the patient will actually receive.

The modified diets are ordered by the physician using special diet order sheet. These diet orders go directly from the physicians to the dietary department. The nurses do not appear to be greatly involved.

Only the diet orders for diabetics are specific. The menus for the modified diets are written by a diet aide. The diabetics on this particular day received ground meat, macaroni with tomato sauce and green beans. The quantities of food appeared to be the same for all diabetics regardless of calories level. There was no diet manual available in the department.

Special diet prescriptions are sent once a month when the diet orders are reviewed by the physician. The ward "eating census" is sent to the dietary department once a week by the nursing staff. No mention is made of the therapeutic diets on these slips possibly because the nurses appear to have no responsibility for them.

I observed the meal hours at G Building when the so-called "low grade" patients ate. I was told that there are times when these patients are very troublesome, incontinent and sloppy with their food. At the time of my visit they were relatively quiet. About five persons guided them to their seats. I saw only one boy with wet pants. As soon as all the boys were seated, three of the attendants left, leaving two to pour milk and to see that everyone was eating. I was told that some evenings there is no supervision of these patients.

The only eating utensils were teaspoons because it was felt they could hurt themselves with forks and knives. No one gave them any assistance in eating and they seemed to manage their American Chop Suey fairly well. Some of the boys seemed to have difficulty with their eyesight. One cannot help wondering what happens when the menu is a little more complex and what assistance is given to these patients.

I was surprised at the poor condition of the teeth of some of the residents; I saw children with missing front teeth and swollen red gums.

RECOMMENDATIONS AND COMMENTS:

The dietary department is a victim of an archaic Civil Service system that saps the strength of the department and discourages progress. The Civil Service job descriptions and classifications need review and revisions in keeping with current health care practice.

The department should be under the supervision of registered A.D.A. Dietitian who knows and understands the intricacies of food service, who appreciates the contribution, nutrition and diet therapy makes to good patient care and who knows how to apply her knowledge effectively. The dietitian should have department head status and be actively involved in planning for the care of patients.

The entire department should be given a detailed, indepth evaluation by qualified food service experts and/or dietitians. It should be entirely re-organized and the functions and responsibilities of each employee should be clearly defined. The department should be in charge of all food service in every part of the school.

There should be more in-service training programs and more staff conferences.

The problem of having a centrally located kitchen and widely scattered feeding can be solved by using one of the many satellite feeding systems. It will be necessary to decide what system to use so that food can be delivered at the proper temperature.

There should be closer working relationship between nursing and dietary as well as the other disciplines.

REPORT

Subject: Belchertown State School
Belchertown

To: (Mrs.) Irene R.McManus, M.P.H.

From: John P.Saccone

Date: June 14, 1971

The following is a report relative to a physical plant evaluation of the above named medical facility specifically the so-called hospital building and two infirmary buildings.

The writer was accompanied on his inspectional visit by Mr. John Carr, Engineer for the school and Mr. Martin Armstrong of the Department of Public Health.

The Belchertown State School is located in a very rural area and is constructed of masonry materials. The facility deals with mentally retarded children and adults, the only areas surveyed are those mentioned above.

Infirmary Building #1 & #2

Consists of eight (8) wards, four on each floor. Each ward contained 15 beds with a total bed capacity of 120 residents in each building. The facilities are serviced by centrally located auxillary kitchens in each building. The food is transported to the infirmaries in thermal and old milk cans, all dishware is done in each separate infirmary.

The general housekeeping in both infirmary buildings was not very bad. The wards are definitely overcrowded. The wash and toilet rooms have many antiquated pieces of equipment.

The feeding of residents during meal times is conducted where ever the residents are (in the toilet room, sun porches, etc.).

The toilet rooms have windows which open to the sun porches eliminating any privacy and there are no cubicles.

The window and door casings throughout both infirmaries need painting. Dirty linen was stored in the hallways outside of the kitchen area until pick-up and brought to the main laundry.

The ventilator system throughout the facility appeared to be very inadequate. Cribs were set up in tub rooms.

Hospital Building

This building consisted of three floors, two occupied by patients.

2nd Floor

1. The kitchen refrigerator was very dirty, the windows were scarred and dirty, the mobil food carrier was very dirty.
2. There were no safety bars in the toilet rooms.
3. The sun porch needs scraping and painting.
4. Many rooms were overcrowded with equipment.
5. Some of the rooms had food and feces particles on the walls and ceilings.

3rd Floor

1. The kitchen food carts were very dirty.
2. Perishables were stored on open windowsills.
3. The walls were dirty and in need of paint.
4. The janitors closet was very dirty.
5. The toilet room had two very dirty bowls.
6. The utility room was exceptionally small.

Main Kitchen

1. No screen doors.
2. Old milk cans are used to ship food to other buildings.
3. The upper walls are peeling.
4. The bakery wall needs painting.
5. The main flu over ranges needs cleaning.
6. Plastic glasswares very badly scratched.
7. Refuse should be removed daily.

It was noticed that street clothes are worn in the kitchen, and many patients work there.

O

In the opinion of the writer, patients should not be utilized in the area of food service.

The general housekeeping and maintenance was fair, more emphasis could be placed on daily routine checks of conditions.

This facility in no way meets any of the standards for hospital licensure because of facility.

Very truly yours,

John P. Saccone

John P. Saccone
Community Coordinator
Registered Sanitarian

csm

BELCHERTOWN STATE SCHOOL SURVEY
June 7-8, 1971

Areas: Restorative Nursing
Restorative Services

The Buildings: The Infirmary
The Tadgell Building
The Hospital

Surveyor: Margaret S. Sandin, R.N., RPT

Content:

I. General Comments

There are, immediately apparent upon observation, several marked differences between the Department of Public Health and the Department of Mental Health, in the focus of each, the needs and problems of the patients/residents, and the approach to problems. For instance, the base in the DMH is the mental age-chronological age-intelligence quotient. The main diagnoses include: cerebral palsy, spina bifida, hydrocephalus, mongolism, chronic brain syndrome. Complications include: arthritis, diabetes, blindness, obesity, osteoporosis.

Different evaluation tools are used. Activities of daily living are evaluated, with additions such as, aggression. In contrast, attention to joint contractures is not highlighted.

The residents are many times called children, whatever the chronological age. Physical and mental observations by the nurses are plentiful, but few notations regarding social aspects are found.

Records maintained on the units at the Nurses' Stations are poor. Except when a resident is on the danger list, there are no physicians' records nor nurses' notes. There is nothing from the therapists, the social workers, or the nutritionists.

Residents' records in detail, including pictures taken yearly of the residents, are maintained in the Central Office. Very few of the nurses have access to them or know what is contained in them, including decisions made at the staff conferences. An exception to this are the nurses in the Tadgell Building who do study the records regularly. Upon reviewing the Central Office records, one is keenly aware of the dreadful social situations of most of the residents, and the need for the nurses to be kept informed, since there are many implications regarding the care and planning for the residents.

The nursing director does attend the staff conferences, but it is not certain that decisions made at the conferences are relayed regularly to nursing staff. The nurses do not appear to be truly part of the team. Therefore, the nursing with limited inter-discipline communication appears of necessity to be empirical with little on-going source data available to them.

In all three buildings, the attendants appear to give all the care that is given--bathing, dressing, grooming, exercises, activities, in addition to extensive housekeeping duties.

There is research going on with particular relevance to nursing and therapy stemming from two Federal grants: The Hospital improvement Plan, headed by Drs. Frankel and Davidson, involving many facets of care, nursing, physical, occupational and speech therapy among them; and the DMH Physical Therapy Aide Program, involving all the five State schools, with Mrs. Margery Feinberg, R.P.T., as director. (Three physical therapy aides from Belchertown will complete this training in a few weeks and return to Belchertown to assist the physical therapist and work under her supervision.)

II. Differences in the Three Buildings

In the Infirmary, the 240 residents were clean and neatly dressed and groomed. They all wore shoes. Some effort was being directed in a general way toward achieving self-help and independence. The (RN) nursing supervisor and the (LPN) head nurse had an excellent awareness of the residents' physical and mental problems. They did not appear to note and record social problems to the same degree. The nurses were trying to do something about the problems, which was very difficult with an extremely limited staff.

In the Tadgell Building (the nursery), there was an awareness of self-help and they were working toward it. The residents were dressed here, too, the environment was cheerful with brightly colored drapes at the windows (furnished by the volunteers). There appeared to be fairly adequate staffing here.

In Tadgell I and II, the residents have a greater degree of mental retardation, with more severe physical difficulties. In Tadgell III and IV, the residents had progressed from I and II--all were able to walk, dress, and feed themselves. The head nurses are part

of the Hospital Improvement Plan, their task is programming, i.e., the residents' activities, focusing on self-help, working with the therapists. Team conferences are held here regularly.

In the Hospital, the situation is quite different. The environment and atmosphere is dismal, the quality of care is low, the concept and implementation of the patients' problems and needs are limited. The patients all had johnnies on, otherwise they were unclothed. The supervision of the residents was almost non-existent, far below the point of safety. On the day visited, in addition to the head nurse, there was only one attendant (loaned from another unit for the day) and an attendant in the kitchen. Of the 24 patients, only 8 had any notations on their nursing care plans.

Admission to the Hospital is for medical care. Diagnoses of the patients include: bacillary dysentary (7), post-orthopedic surgery (5), congestive heart failure (1), prolapsed rectum (1). The patients with bacillary dysentary were listed as being on precautions, but with the grossly inadequate staffing and the less than adequate supervision, it would not seem possible to maintain even minimum precautions, let alone general cleanliness. With the five post-orthopedic surgery patients, no supervision was observed, including following the physician's orders regarding no weight-bearing. The head nurse said this was very difficult to maintain; and, indeed, all the patients (except one with decubiti on her ankles) appeared to be walking about freely with no restrictions. The physical therapist does follow the post-surgery patients; but there was no evidence of nursing-therapy activity between the therapist's visits and nothing noted on the nursing care plans.

Many of the patients are on the danger list and appear to be kept on the status for months at a time. Some do not seem to be acutely ill and being on the danger list does not seem to be an accurate designation for them.

III. Restorative Nursing[1,2,3]

The practice of restorative nursing skills is practically non-existent as borne out in observation of the residents and in no documentation on the nursing care plans. There is no organized program of prevention of deformity, maintenance of gains, nor attention to developing joint contractures. There is no active teaching program. The nursing care plans are poor and do not meet even acceptable minimum standards of practice. Inservice education is not on a planned basis for all nursing personnel. What inservice there is, is for the

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[1,2,3] Outlines of Standards and Factors: Restorative Nursing Care (see page 4)
Nursing Care Plan (see page 5)
Inservice Education Program (see page 5)

Rehabilitation Area - Jackson

STANDARDS AND FACTORS	YES	NO	EXPLANATORY STATEMENTS
☐ MET ☐ NOT MET ☐ CHANGE SINCE PRIOR SURVEY			
(f) *Standard: Restorative Nursing Care.*—There is an active program of restorative nursing care directed toward assisting each patient to achieve and maintain his highest level of self care and independence. The factors explaining the standard are as follows:			(1) This was not observed in the resident care, nor was there any documentation on the nursing care plans.
(1) Restorative nursing care initiated in the hospital and is continued immediately upon admission ~~to the extended care facility~~.		V	(2) (i) not observed, not documented on the nursing care plans, not in in-ser
(2) Nursing personnel are taught restorative nursing measures and practice them in their daily care of patients. These measures include:		V	
(i) Maintaining good body alignment and proper positioning of bedfast patients.			
(ii) Encouraging and assisting bedfast patients to change positions at least every 2 hours day and night to stimulate circulation, and prevent decubiti and deformities.	V		
(iii) Making every effort to keep patients active and out of bed for reasonable periods of time, except when contraindicated by physicians' orders, and encouraging patients to achieve independence in activities of daily living by teaching self care, transfer and ambulation activities, self-help eating devices.	a V	b. V	(2)(iii) No evidence of specific teaching re, nor follow-thru in nursing care
(iv) Assisting patients to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests if necessary.	V		
(v) Assisting patients to carry out prescribed physical therapy exercises between visits of the physical therapist.		V	(2) (v) not done, nothing documented on care plans.
(3) Consultation and instruction in restorative nursing available from State or local agencies are utilized.		V	(3) not done at present. The physical therapist earlier did try to instruct attendants in preventive measures. She is not present focus on post-op ortho pt's +

(4) patient/resident interchangeable within this framework.

Bellefontaine State School

STANDARDS AND FACTORS	YES	NO	EXPLANATORY STATEMENTS
☐ MET ☐ NOT MET ☐ CHANGE SINCE PRIOR SURVEY			
(h) *Standard: Nursing Care Plan.*[2]—There is a written nursing care plan for each patient based on the nature of illness, treatment prescribed, long and short-term goals and other pertinent information. The factors explaining the standard are as follows:			(h)(1) The nursing care plans are uniformly poor in content and scope. The form itself is not inclusive re spelling out the components of: problems and needs and accompanying approaches, goals, formalized Activities of Daily Living sense, although there are notations recorded re ADL: Social and emotional aspects are not re. There are headings however for family constellation, behavior, education a training program, volunteer program which were rarely filled in.
(1) The nursing care plan is a personalized, daily plan for individual patients. It indicates what nursing care is needed, how it can best be accomplished for each patient, how the patient likes things done, what methods and approaches are most successful, and what modifications are necessary to insure best results.		✓	
(2) Nursing care plans are available for use by all nursing personnel.	✓		
(3) Nursing care plans are reviewed and revised as needed.		✓	(h)(3) not kept up to date, including current Mental Age and Intelligence quotient
(4) Relevant nursing information from the nursing care plan is included with other medical information when patients are transferred.		✓	(h)(4) This is not done.
☐ MET ☐ NOT MET ☐ CHANGE SINCE PRIOR SURVEY			
(i) *Standard: Inservice Educational Program.*[3]—There is a continuing personnel in addition to a thorough job orientation for new personnel. Skill training for nonprofessional nursing personnel begins during orientation period. The factors explaining the standard are as follows:			(i)(1) There are some lectures for RN's, but not on a planned organized basis. There is nothing provided for the attendants
(1) Planned inservice programs are conducted at regular intervals for all nursing personnel.			
(2) All patient care personnel are instructed and supervised in the care of emotionally disturbed and confused patients, and are helped to understand the social aspects of patient care.	a. ✓	b. ✓	
(3) Skill training includes demonstration, practice, and supervision of simple nursing procedures applicable in the individual facility. It also includes simple restorative nursing procedures.	a. ✓	b. ✓	
(4) Orientation of new personnel includes a review of the procedures to be followed in emergencies.	✓		
(5) Opportunities are provided for nursing personnel to attend training courses in restorative nursing and other educational programs related to care of long-term patients.	✓		(i)(2)(b) [illegible] for the attendants

(5) The Nsg. director stated that the RN's have access to Workshops [illegible]

Gyn Outpatient

SURGICAL PATHOLOGY REPORT
Boston City Hospital

Hospital No.: 01-3-17-47

Date: May 21, 1971

Clinical Dx: Abnormal cervical cytology Path. No. S71-3734

Tissue Submitted: Cervical biopsies at 5, 6, 9, 11 and 12 o'clock

Gross: The specimens are received in 5 separate containers and are fixed in formalin designated 5, 6, 9, 11 and 12 o'clock. Each of the specimens consists of a gray-white rubbery piece of tissue measuring from 0.5 to 0.6 cm. in greatest dimension. The specimens will be submitted in toto designated "C-5", "C-6", "C-9" and "C-11" and "C-12".

(Dr. Nacim)

5 H & E

Dx: Cervical biopsies:
9, 11 and 12 o'clock: Chronic endocervicitis. These biopsies do not include the squamocolumnar junction.
5 and 6 o'clock: Chronic cervicitis.

T83-M4300

Diagnosed by Dr. Nacim

Confirmed by Dr. Kooley

5/25/71

registered nurses and is geared to mental retardation, with no inclusion of total health implications and practice.

IV. Resident Statistical Data[4]

These data have many implications for care, inservice education and nursing staffing pattern. There is an extremely high number of residents with contractures. One-fourth of all the residents have one or more extremities involved. Contractures restrict motion and inhibit walking and the use of the upper extremities. Over one-half of the residents are incontinent and in need of bladder and bowel training. Fewer than one-half of the residents are ambulatory. Three-quarters of the residents require total nursing care. Speech problems are very much in the forefront with one-half of all the residents with poor speech or no speech at all.

One cannot realistically expect to achieve complete self-help and independence; but with concerted and continuing application of restorative nursing skills, it can be anticipated that there will be a marked reduction of physical handicapping. The importance of inservice education in restorative nursing skills cannot be over-estimated. All the nursing personnel need to be included in inservice education. Adjustments need to be made in the nursing staffing pattern to meet the requirements of restorative nursing care.

V. Restorative Services[5]

The physical therapist is presently doing follow-up of the fourteen residents who have had orthopedic surgery at one or more of the Springfield hospitals, under the Services for Crippled Children's Program. She attends the S.C.C. Clinic regularly in connection with the residents and she receives copies of all the clinic notes. Physician's orders are received on an informal basis, not by way of a uniform established procedure.

The physical therapist has just recently begun to keep formal records and statistics. She arrived in September 1970 and has been studying the situation prior to the present time. Her reports go into the resident's records in the Central Office. As noted earlier, there are no progress notes maintained on the Units. There are no written policies and procedures.

As noted on the outline, the physical therapist is not registered in Massachusetts. I pointed out to her the need for this registration if she is to practice in this State. She promised to take steps right away regarding the registration. Emphasis was also placed on the

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[4]Compilation of Resident Statistical Data (see page 7).

[5]Outline of Rehabilitation, Physical Therapy and Occupational Therapy, Speech Therapy (see page 8).

need of written policies and procedures and an adequate record system with appropriate record forms.

The physical therapist is participating in two surveys for Dr. Frankel--the first is in regard to shoes and the other concerning wheelchairs.

The physical therapist has in the past given some indirect service to the nurses, i.e., evaluating some of the residents, suggesting some self-help devices and maintaining orthopedic records on the Units. She is not presently doing any of this, due to her heavy caseload and also because there has not appeared to be very much reciprocal action by the nursing staff in response to her endeavors with them.

The physical therapist is well aware of the problems and needs in her own department and in working with the nurses. She plans to initiate steps to meet these needs.

As with the physical therapist, the speech therapists keep records concerning the residents in the Central Office with nothing on the Units.

There is at present no occupational therapy program. A qualified occupational therapist has been interviewed, and it is hoped that she will come to Belchertown. There are six occupational therapy aides functioning under Education. They work with the residents in two of the buildings concentrating on group self-help skills, hand activities, dressing and crafts. [illegible] records of these activities are kept in the Central Office.

VI. Nursing-Therapy Coordination and Correlation

There is very little nursing-therapy coordination and correlation, although there have been a few scattered instances of this. The physical and speech therapists do not routinely give instruction to the nursing staff. There is nothing planned nor organized in this area. Ward conferences are not held regularly. Nursing care plans reflect the lack of nursing-therapy communication. The same holds true for nursing with social service and nutrition.

VII. Recommendations

1. That a nursing clinician in rehabilitation nursing be added to the staff.

2. That an inservice coordinator be added to the staff.

3. That restorative skills be incorporated into nursing care.

4. That inservice education be developed on an organized basis for all nursing personnel and that the focus be enlarged to include, in addition to mental retardation, comprehensive health aspects.

5. That the nursing care plans be brought up to at least minimum acceptable standards.

6. That the nurses be included in the health team as active members, with increased planning and communication among the various disciplines.

7. That the nursing staffing pattern be changed to adequately meet the restorative nursing needs.

8. That active and on-going nursing-therapy coordination and correlation be developed with inter-communication and planning with all the disciplines.

9. That the therapists and other disciplines participate in inservice for nursing personnel.

10. That restorative services be put on a sound basis regarding physicians' orders, records, and policies and procedures.

11. That a registered and qualified occupational therapist be added to the staff.

12. That psychiatric re-evaluations be kept up to date.

13. That the Hospital Unit be studied and changes made to meet acceptable standards of medical and nursing care.

14. That more comprehensive attention be given to the management of such conditions as arthritis, diabetes, obesity and osteoporosis.

15. That individual records be maintained on the units with at least minimum information concerning changes and current planning regarding the residents.

16. That levels of care be as follows:

Infirmary--Level III (maintenance restorative nursing)
Level II (post-operative surgery follow-up)

Tadgell I and II--Level II and Level III

Tadgell III and IV--Level III and Level IV

Hospital--Level II

MSS:sy

Belchertown State School

RESIDENT STATISTICAL DATA * * *

Tally Sheet

Unit	Infirmary	Taigeil I & II	Taigeil III & IV	Hospital	Total
Census	238	40	46	24	348
Resident Tally	238	15	15	24	292
Bedfast	26	0	0	1	27
Wheel Chair	123	6	0	3	132
Ambulatory	97	7	15	20	139
Ambulatory with Help	20	2	0	0	22
Eats Independently	133	8	46	23	210
Eats with Help	107	5	0	0	112
Total Nursing Care	191	20	0	2	213
Partial Nursing Care	47	20	0	—	67
Indwelling Catheter	1	0	0	0	1
Incontinent	164	10	0	6	180
Decubiti	0	0	0	1	1
Toilet Trained	53	5	46	3	87
Mental Retardation	238	38	46	24	346
Speech** Infirmary: 0-40 □35	* 17 + 27 ∨ 115	∨ 10	∨ 4	∨ 4	0-40 * 19 □35 + 27 ∨ 143
Blind	19	2	0	1	22
Deaf	1	—	—	—	1
Aggression	18	1	1	2	22
Contractures* Residents	61 (3)	2	0	0	63
*RUE Rt. Upper Extremity	44	2	0	0	46
*LUE Lt. Upper Extremity	38	0	0	0	38
*RLE Rt. Lower Extremity	109	1	0	0	110
*LLE Lt. Lower Extremity	98	0	0	0	98

**Speech Code: 0 good; □ fair; * can make you understand; ∨ no speech; + poor

(3) The physical therapist helped the nurses evaluate the residents in this area.

* The nurses were most appreciative of the nurses in securing these data

XII. Complementary Departments

Standards	Code	Key to Standards and Factors	Yes	No	Comments
D. Rehabilitation, Physical Therapy and Occupational Therapy, Speech Therapy ☐ Met ☐ Not Met	M S	S.1. Policies and Procedures		✓	S.1. Check Dept. Organization, or Services available: ☑ 1. Rehabilitation Dept. (All service) ☑ a. Physical Therapy Se[rvice] ☐ b. Occupational therapy Service ☐ c. Other Rehabilitation Services ☑ (i) Speech therapy ☐ (ii) Vocational coun[sel]ing ☐ (iii) Other (Name them)
	M S	F.1. Rehabilitation department	✓		F.1. REHABILITATION DEPT. ☑ Physical Therapy Depart[ment] ☐ Occupational Therapy Dep[t.] ☑ Speech Therapy Dept.
	M S	F.2. Department head	✓		F.2. DEPARTMENT HEAD Specify individual responsibl[e] for heading the department or service: ☐ Qualified physiatrist ☑ Physican with pertinent experience
	M S	F.3. Physical therapy supervision	✓		
	M S	F.4. Occupation therapy supervision		✓	
		F.4.1. Speech therapy supervision	✓		
	M S	F.5. Facilities and Equipment	✓		S.1. There are no policies and procedures set up.
	M S L	F.6. Physician's orders	✓		F.1. Mrs. Marilyn Raymond qualified p.T., registered in Illinois, not Massachusetts.
	M S L	F.7. Complete records		✓	Mrs. Mo[?] Lamplier, qualified p.T., registered in Mass. # 1403.
		(Three physical therapist aides are expected in July)			There is no occupational therapist

therapists have consultants whom they utilize regularly.
Medical direction is from qualified physician with the Service for Crippled Children.
[fac]ilities and equipment are minimal but adequate for [the] present case load.
[Phy]sician's orders are given but they do not confirm [illegible]
[illegible]

Mr. Edward Hebert qualified speech and hearing therapist chief
4 staff speech therapists
26 speech therapist aide [illegible]

MEMORANDUM

Subject:- Belchertown State Hospital

To: Doris Scanlon

From: Jane Ellis

Date: June 15, 1971

Enclosed is my report on the survey of the Social Work Department at Belchertown.

I am enclosing the Hospital survey document which I have supplemented with additional comments.

csm

Survey of Belchertown State Hospital

June 7,8, 1971

Social Work Department

A. Organization, Direction and Personnel

S1 There is no formal organization of the Social Work Department. There are no written policies or procedures relating to the provision of social services in the institution. There are no specific job description for social workers employed at Belchertown.

The Director of Social Work Department is unofficially a Mrs. Jane Magiera. She is not a qualified MSW social worker and does not hold officially the title of Director, but has been informally delegated responsibilities.

According to Mrs. Magiera there have been social workers at Belchertown since its opening sometimes one person and occasionally two. Mrs. Magiera came in June, 1969 and additional staff have been added in 1970 and 1971.

The following general statement of duties for a social worker and Mass. Civil Service poster Jan. 30, 1971 for a Social worker at Tewksbury Hospital were obtained from the business office. These form the basis for consideration of education, experience, and job description for social work at Belchertown.

Social Worker

General Statement of duties:

Performs office, field or case work services in State Welfare or other department or other agency (except in Mental Health) involving the making of social investigations, requiring the collection, analysis and recordings of significant facts, drawing sound conclusions therefrom taking and recommending appropriate action thereon, performs related work as required.

Supervision Received

Works under supervision of a Head social worker or employee of higher grade who reviews work for proper performance and effectiveness.

Example of Duties

1. Investigates the eligibility and extent of need and develops plan of assistance for applicants and recipients of public assistance, through interviews, home visits and inquiries of relatives, employers, and representatives of other social agencies and of community.
2. Obtains documentary evidence pertinent to eligibility and resources of applicant's record of birth, marriage, property and monetary resources.
3. Assists patients, applicants, and recipients in utilizing financial, health and social service resources and in realizing potentialities for rehabilitation within family.
4. Determines extent of need on a family budget basis according to

standards of assistance, rules, regulations and policies, and makes recommendations as to initial assistance payments and subsequent changes or discontinuance of assistance.

5. Explains to clients and other interested persons, laws, rules, regulations and procedures pertaining to public assistance and other social and welfare resources.
6. Makes periodic reinvestigations of eligibility and extent of need.
7. Visits foster homes to conduct interviews with both children and foster parents - observes and discusses with foster parents child's health, development and adjustment problems - takes primary responsibility in working thru the solution of these problems - visits school to discuss progress - attitudes of problems - visits schools for and approves charges for medical and dental care, clothing and other needs.

Mass. Civil Service

January 30, 1971 Social Worker Tewksbury Hospital, $142.10 - $174.50 week, State Dept. Public Health. Duties under supervision to provide social case work services to patients of the Tewksbury Hospital and to perform related work as required. Example of duties - Assist in making plans for admitting patients to hospital - or referring them to proper community resources - conduct social service interviews with patients on admission - providing social service to patients during hospitalization - and in cooperation with medical staff particularly plans for their rehabilitation, discharge and after care - counseling and assisting former patients living in community - interpreting hospital policies and procedures to social and welfare agencies - work cooperatively with public and private health and welfare and social agencies in the community at admission, during hospitalization of patients and relative to discharge planning - participates in conferences and meeting within the hospital and as indicated in community - prepares clear and concise case records, reports and letters. Requirement - Knowledge of the theory and practice of social case work in a medical setting and of role of social service department in a hospital - Knowledge of special social and emotional problems of the chronically ill, unwed mother and alcoholics - Knowledge of community organization of social services and of public and private health, welfare and social agencies - ability to work constructively with patients and to establish effective work relationships with physicians and other professional personnel in hospital and community Entrance Requirements - Applicants must have at least 2 years within last 10 years of full time, paid professional experience (or the equivalent of professional time, paid professional experience) in a social case work capacity in a recognized social agency offering direct service to families and individuals. Substitution - successful completion of full time education toward a degree in a recognized college or university may be substituted for the required experience on the basis of 2 years of such education for 1 year of experience. Training and Experience 2, Questions 3.

F1 The four social workers are responsible to Mrs. Jane Magiera including social worker assigned to Tadgell Nursery and other three who are currently being used in evaluation of A & K Buildings (subsequent to closing of buildings) and in discharge planning. Prior to Dr. Frankel's appointment as interim Superintendent in April, 1970 physicians in institution used to assume over all responsibility for certain social services - Dr. Frankel has centered responsibility in Department.

F2 The social service staff includes:

Mrs. Jane Magiera, Acting Director
Employed as social worker 6/29/69
Experience - Paul Dever School 6/67 - 9/2/67
Wrentham School 6/66 - 9/66
Education - BA sociology and psychology Univ. of Mass. 1969

Mrs. Laurie Merritt
Employed as social worker 11/8/70
Experience - councilor in training "Y" work and camp,
Education - BA sociology Elmira College, N.Y. 1969
Masters in Education Springfield College 1970

Mrs. Alice Whittaker
Employed as social worker 8/23/70
Experience - church and civic work
Education - BA sociology and psychology Univ. of Mass. 1970

Mrs. Linda Blanco
Employed in lieu of psychiatric social worker 11/22/70
Experience - child welfare work for 2 years
Education - BA University of N.H. 1968

Mrs. Susan Lang
Provisional social worker 1/24/71
Experience - personnel work
Education - BA sociology Univ. of Mass. 1969

There is opening for a Head Psychiatric Social Worker which would be the opening for the Director of Social Work. Job is not filled. All of the social workers are at Grade 12 Civil Service and the Head Psychiatric social worker Grade 15 Civil Service. There have been no examinations held for any of the social work position since June, 1969. Prior to present civil service status social work positions had been at grade 9.

There is one full time clerk for the present 5 staff social workers.

There has been no training on the job for specific assignments and responsibilities. There was in 1970 a general program on retardation for staff.

F3 There is presently not sufficient social work staff to cover total needs of 1300 residents or patients. One social worker is presently assigned to Tadgell Nursery where there are approximately 86 resi-

dents or patients. There was no social worker specifically assigned to the Hospital unit of 24 patients or the Infirmary where there were approximately 240 residents or patients. Referrals to Social Service from these units would be made from physician, nurse, or family. Social workers at this time are primarily being used in evaluation of A.& K buildings' residents, (as these buildings being phased out) and implementing any discharge plans when indicated.

Primarily social workers are used in patient care planning in Tadgell Nursery Unit and A & K Buildings evaluation. Is not involved in greater population of facility as there is not adequate staff. Acting Director is being used to supervise staff as well as to do direct service.

F4 Social work is not being used as indicated to enable patient or residents to make full use of inpatient, out-patient or health services in community. Dr. Frankel is beginning to use social worker in second screening stage of the admission process. (First step is made at Regional Mental Health Office in Springfield.)

Statistics Indicating Community Placement of residents and patients by Social Service Department

	1970	1971
Halfway House	3	5
Foster Care		2
Nursing Homes	33	41
Wage Placements	60	47
Family Care	29	30

In April ,1971 Social Service was involved in after care planning for 155 patients or residents.

B. Departmental Integration

S1 The Department is integrated with other departments only in specific unit programs in which interdepartmental conferences are held - specifically Tadgell Nursery program and Building A & K. Weekly interdisciplinary meetings in Tadgell, two weekly interdisciplinary meetings A & K buildings. Also Social Service holds weekly interdisciplinary staff meetings regarding discharge planning.

The nursing staff in the Hospital unit or Infirmary indicated no awareness of a Social Service program - nothing in their nursing records indicated any knowledge of family. Limited factual social information which was not kept up to date. No indication of any plans for discharge to community. No working relationship with Volunteer Service or dietary service.

F1 Staff does participate in limited rounds, conference, etc. but not in hospital or infirmary.

F3 The department does not participate in any orientation or ongoing in-service educational program for hospital or institutional staff. It does not participate in any training program for social work field students.

May have an undergraduate summer student.

C. S1 Records of Social Service activity are kept.
F1d No indication of any therapy and rehabilitation functions and activities.
F2 Social service summaries are entered in central patient records which is filed in Main Administration Building. These records are very complete including indepth psychiatric, social and other data. However, this information is not available to th units where patient is being cared for.

D. Facilities are not adequate for the personnel of the department. Four social workers and one secretary are located on basement level of administration building in one small room. This office is not accessible to patients or to medical staff, nor does it assure any privacy for interviews or conferences. There is one small single office on first floor of administration building.

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XV. SOCIAL WORK DEPARTMENT [ ] In Substantial Compliance [✓] Not in Substantial Compliance

Standards	Code		Key to Standards and Factors	Yes	No	Comments
A. Organization, Direction and Personnel	M	S	S.1. Organization		✓	Number of social workers qualified by M.S.W.: 0
	M	S	F.1. Organized	✓		
☐ Met	M	S	F.2. Staff includes		✓	Number of social work assistants qualified by BS/BA: 5 full time
☑ Not Met	M	S	F.3. Number		✓	1 full time clerk
	M	S	F.4. Planning		✓	
B. Departmental Integration	M	S	S.1. Integrated		✓	
	M	S	F.1. Participate	✓		
☐ Met	M	S	F.2. Communicates	✓		
☑ Not Met	M	S	F.3. Appropriate education		✓	

XV. SOCIAL WORK DEPARTMENT

Standards	Code	Key to Standards and Factors	Yes	No	Comments
C. Records of Social Work Services ☑ Met ☐ Not Met	M S	S.1. Records of social work services	✓		
	M S	F.1. Functions recorded: a. Medicosocial study	✓		
	M S	b. Financial status	✓		
	M S	c. Follow-up	✓		
	M S	d. Social therapy			
	M S	e. Environmental	✓		
	M S	f. Activities	✓		Central pt. record is in Administration office, not in unit where pt. is.
	M S	F.2. Social service summaries	✓		
	M S	F.3. Detailed records	✓		
D. Facilities ☐ Met ☑ Not Met	M S	S.1. Facilities		✓	

General Comments

There are certain positive developments in the proper utilization of a limited number of social workers in this institution. They are beginning to be utilized in the screening of applicants and continued ongoing evaluations of patients and residents in an interdisciplinary approach to care - there are the beginnings of thinking of appropriate return of some residents and patients to community. I was impressed with the sincerity and concern of the social work staff I met who are working under difficult physical surroundings, with limited staff, and without the leadership of a well qualified experienced Director of Social Work Department. There are no specific responsibilities spelled out for social workers' provision of service in Belchertown.

The inability to attract a qualified social worker for this institution reflects possibly the Civil Service grade level for the position of Head Psychiatric Social Worker - Grade XV. The requirements for the hospital social worker grade XII under Social Service should be reexamined and should be realistic with BA requirements and lesser qualifications for other ancillary social service personnel. In view of the patient population in this institution it is possible that there should be twice as many staff - Such a department probably needs at least a qualified MSW Director and a qualified MSW for supervision. This institution could be used as an excellent educational field experience for students from community colleges, undergraduate students from colleges such as University of Mass. or Springfield College, and for professional social work students from Smith College School of Social Work. However, there needs to be a sufficient number of qualified MSW Social Workers to supervise a social service program not only involved with residents in an institution, but with families and community, and in addition to be responsible for educational programs.

There would appear to be a need to reexamine the admission policies of such an institution. It was evident that many patients have been admitted as infants. Staff repeatedly told us of the lack of visitation from any family members and lack of involvement of family in planning and care.

There is a beginning of evaluation of patients or residents that can be returned to the community. Obviously from observation of patients in Infirmary, Hospital, and Tadgell Nursery more could return to community. Residents are being used presently in the institution for working with and helping fellow in-mates, for kitchen work, custodial work in buildings and on grounds. There is also a large population of over 65 year old persons and some consideration is being given now to nursing home placements. There needs to be a continuing on-going periodic review of all patients by ar interdisciplinary team approach.

There should be a review of documentation of service provided to patients and residents. Central complete records are kept in the Main Administration Building. However, communication of information to units where

staff is giving day by day care is limited. Nursing care plans on floors reflect only a limited approach to patient care and do not include other specialized information.

There certainly should be a reevaluation of the appropriate use of the hospital building for acute care. According to the R.N. on duty several are permanent boarders, either because they are management problems or a family has preferred patient remaining and yet the care appeared to be the most limited for these patients, other than basic physical care. There was little involvement of staff and nothing offered to occupy the patient's time. During our visit the second floorhad no staff attendant and patients in varying stages of being unclothed were caring for one another - One could question the safety of these patients with unguarded stairs, an elevator that a young male was happily making go up and down (fortunately he only opened the outer door).

There is apparently the beginnings of a change in administrative philosophy regarding care in this institution. It would be hoped that with the implementation of rehabilitation concepts and with involvement of family and community that more persons could return to the community. Also with more careful screening that certain young children do not have to be admitted if more supportive community services are available. A strengthened social service department could add an important dimension to the total care program.

csm